

AO 440 (Rev. 06/12) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Southern District of Texas

TED L. KUBALA, JR., individually and on behalf of all
others similarly situated

Plaintiff(s)

v.

SUPREME PRODUCTION SERVICES, INC.

Defendant(s)

Civil Action No. 2:15-cv-116

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* SUPREME PRODUCTION SERVICES, INC.
By and through its registered agent:
Steven W. Tipps
480 County Rd. 372
Sandia, Texas 78383

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Josephson
Andrew W. Dunlap
Lindsay R. Itkin
Fibich, Leebron, Copeland, Briggs & Josephson
1150 Bissonnet, Houston, TX 77005

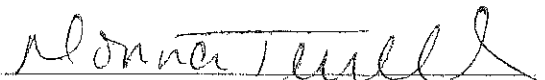
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

David J. Bradley, Clerk of Court

CLERK OF COURT

Date:

3-10-15


Signature of Clerk or Deputy Clerk

Civil Action No. 2:15-cv-00116

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Steven W. Tipps - Registered Agent
was received by me on *(date)* 03/16/2015.

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: I declare that on March 20, 2015, I mailed an original of the Summons in A Civil Action -
Original Collective Action Complaint by certified mail return receipt requested article
7014-2120-0001-7670-4374 to Supreme Production Services, Inc., c/o Steven W. Tipps, 480 County Rd. 372,
Sandia, TX 78383. PS Form 3811 attached and was signed on 3/25/2015.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 03/31/2015


Server's signature

Stacey L. Tagen - Process Server
Printed name and title

238 S Egret Bay Blvd., #193
League City, TX 77573
Galveston County
Server's address

Additional information regarding attempted service, etc:

7014 2120 0001 7670 4374

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at www.usps.com ®.	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 7.40
Postmark Here	
Sent To Supreme Production Services, Inc. Street & Apt. No., or PO Box No. c/o Steven W. Tipps City, State, ZIP+4 480 County Rd. 372 Sandia, TX 78383	
PS Form 3800, July 2014 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p>Supreme Production Services, Inc. c/o Steven W. Tipps 480 County Rd. 372 Sandia, TX 78383</p> <p>2. Article Number (Transfer from service label) 7014 2120 0001 7670 4374</p>	COMPLETE THIS SECTION ON DELIVERY <p>A. Signature <i>(Sister)</i> <i>Caree Bowden</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
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